

Abstract of parallel session: 1

Title: Regional differences in the intensity of treatment at the end-of-life
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Abstract

Introduction: The aging of the population is associated with an increased demand for intensive care among elderly patients. Previous research regarding healthcare costs at the end-of-life (EOL) showed considerable regional variations. However, data on the treatment intensity on costs during the last months of life are scarce. We therefore examine to what extent life-sustaining interventions account for cost differences at the EOL, beyond regional and sociodemographic variations.

Methods and Results: The study population consists of elderly people (65 or older) who died in 2014 and who were insured at the Helsana. Data on the final cause of death were provided by the Swiss Federal Statistical Office. Overall, 9'227 decedents were included. Costs resulting from treatment intensity at the EOL were examined. At least 1 ICU admission as well as the following 10 intensive life-sustaining interventions were used as intensive treatment measures (as defined by Hanchate et al, Archives of internal medicine, 2009): cardiac catheterization, implantation of a cardiac assistance device, pulmonary artery wedge monitoring, cardiopulmonary resuscitation/ cardiac conversion, gastrostomy (for artificial nutrition), blood transfusion, dialysis, use of mechanical ventilators, intravenous antibiotics, and cancer chemotherapies in the last six months of life. Bayesian regression analysis was performed to model healthcare costs.

According to preliminary results, 1/3 of all decedents had at least 1 intensive treatment at the EOL. Further analysis revealed significant variations by region and age group. Crude mean (sd) total healthcare costs ranged between CHF 31,200 (22,400) in patients who received intravenous antibiotics to CHF 71,900 (49,200) in patients who received dialysis.

Conclusion: Only after the detection of regional variations in intensive healthcare, interventions to eliminate unwarranted disparities can be examined to prevent patients from intensive and burdensome treatments.